

10/529415

## Application Data Sheet

JC17 Rec'd PCT/PTO 29 MAR 2005

### Application Information

Application number:	Not yet assigned
Filing Date:	Herewith
Application Type:	Regular
Subject Matter:	Utility
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R:	None
Number of CD Disks:	
Number of copies of CDs:	
Sequence Submission?	
Computer Readable Form (CRF)?	
Number of Copies of CFR:	
Title:	A SYSTEM AND METHOD FOR WIRELESS AUDIO COMMUNICATION WITH A COMPUTER
Attorney Docket Number:	CFMC-0041
Request for Early Publication:	No
Request for Non-Publication:	No
Suggested Drawing Figure:	2A
Total Drawing Sheets:	14
Small Entity?:	Yes
Latin name:	
Variety denomination name:	
Petition included?:	No
Petition Type:	
Licensed US Govt. Agency:	
Contract or Grant Numbers:	
Secrecy Order in Parent Appl.?:	No

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**Applicant Information**

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** United States of America  
**Status:** Full Capacity  
**Given Name:** Christopher  
**Middle Name:** Frank  
**Family Name:** McConnell  
**Name Suffix:**  
**City of Residence:** Berwyn  
**State or Province of Residence:** Pennsylvania  
**Country of Residence:** United States of America  
**Street of mailing address:** 1262 Farm Road  
**City of mailing address:** Berwyn  
**State or Province of mailing address:** Pennsylvania  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 19312

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** United States of America  
**Status:** Full Capacity  
**Given Name:** Thomas  
**Middle Name:** Alan  
**Family Name:** Pleatman  
**Name Suffix:**  
**City of Residence:** Media  
**State or Province of Residence:** Pennsylvania  
**Country of Residence:** United States of America  
**Street of mailing address:** 340 Kirk Lane  
**City of mailing address:** Media  
**State or Province of mailing address:** Pennsylvania  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 19063

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**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** United States of America  
**Status:** Full Capacity  
**Given Name:** Jennifer  
**Middle Name:** Ware  
**Family Name:** Parker  
**Name Suffix:**  
**City of Residence:** Wallingford  
**State or Province of Residence:** Pennsylvania  
**Country of Residence:** United States of America  
**Street of mailing address:** 201 West Country Club Lane  
**City of mailing address:** Wallingford  
**State or Province of mailing address:** Pennsylvania  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 19086

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** United States of America  
**Status:** Full Capacity  
**Given Name:** Chad  
**Middle Name:** Walter  
**Family Name:** Billmyer  
**Name Suffix:**  
**City of Residence:** Bryn Mawr  
**State or Province of Residence:** Pennsylvania  
**Country of Residence:** United States of America  
**Street of mailing address:** 901 Montgomery Avenue, Apt. 108  
**City of mailing address:** Bryn Mawr  
**State or Province of mailing address:** Pennsylvania  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 19010

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## Correspondence Information

Correspondence Customer No.: 23377

Name:

Street of Mailing Address:

City of Mailing Address:

State or Province of Mailing Address:

Country of Mailing Address:

Postal or Zip Code of Mailing  
Address:

Phone number:

Fax number:

## Representative Information

Representative Customer No.: 23377

## Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This is	An application claiming the benefit under 35 USC 119(e)	60/415,311	October 1, 2002
This is	An application claiming the benefit under 35 USC 119(e)	60/457,732	March 25, 2003

## Foreign Priority Information

Country:	Application No.:	Filing Date:	Priority Claimed:
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## **Assignee Information**

**Assignee name:**

**Street of mailing address:**

**City of mailing address:**

**State or Province of mailing address:**

**Country of mailing address:**

**Postal or Zip Code of mailing address:**